STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495245	A. BUILDING _____ B. WING _____	03/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA NURSING & REHAB CENT	17405 LANKFORD HIGHWAY REVISED NELSONIA, VA 23414

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

An unannounced Medicare/Medicaid standard survey was conducted 3/08/16 through 3/10/16. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirement. The Life Safety Code survey/report will follow.

The census in this 60 certified bed facility was 42 at the time of the survey. The survey sample consisted of 10 current resident reviews (Residents #1 through 10) and one closed record review (Resident #11).

F 520 SS=C	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	F 520	*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This plan of correction constitutes the facilities credible allegation of compliance.*

A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.

The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.

A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lisa Rottenham	Administrator	3-16-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 520	Continued From page 1 and correct quality deficiencies will not be used as a basis for sanctions This REQUIREMENT is not met as evidenced by: Based on facility staff interview and facility record review the facility staff failed to maintain a quarterly quality assurance committee including a physician designated by the facility A physician was not present at the quarterly quality assurance meetings for two quarters or 10/05/2015 and 1/12/2016. In an interview with Administration #1 on 3/10/16 at 9:30 am it was noted that the quality assurance committee meets monthly and quarterly. According to Administrator #1 the designated physician #1 has not attended the monthly or the quarterly quality assurance meetings in the last six months. According to Administration #1, the quality assurance meetings are always scheduled on Tuesdays and physician #1 is routinely scheduled in the facility on Wednesdays unless otherwise needed. The quality assurance process identified by Administration #1, was to meet with physician #1 the day after each monthly and quarterly quality assurance meeting to provide updates. After Administration #1 and Physician #1 meet, then Physician #1 signs the Quality Assurance Performance Improvement Committee Members sign in sheet dated the day of the quarterly meeting Administration #1 noted the process of talking with Physician #1 was on the day after monthly and quarterly quality assurance meetings to update on the meeting and follow up with any	F 520	• *No resident suffered any adverse effects from this deficient practice.* • *All residents had the potential to be affected by this deficient practice.* • *The Administrator and the Quality Assurance Committee have been provided additional education/inservice on ensuring that the Medical Director, the Director of Nursing and at least three other members of the facility staff meet at least quarterly to review Quality Assurance Committee activity in an effort to make a good faith attempt by the committee to identify, correct and monitor quality deficiencies identified by the committee. The Medical Director has been made aware and will be in personal attendance at each quarterly Quality Assurance Committee meeting going forward. The recording secretary for the Quality Assurance Committee will monitor each meeting sign in sheet to ensure the proper committee members to include the Medical Director were in attendance*	

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F 520	Continued From page 2 concerns or issues that Physician #1 would warrant coordination by Administration #1. It was stated by Administration #1, "I could move the quarterly and monthly quality assurance meetings to Wednesdays to ensure physician #1 would attend with the committee members." According to the facility record review the quality assurance sign in sheets identify attendance for the last two quarter meetings on 10/05/2015 and 1/12/2016 by the Director of Nursing and three other facility staff members. Physician #1's signature was on both sign in sheets for each quarterly meeting; however, the physician did not attend these meetings with the rest of the committee but signified that Administration #1 had meet with Physician #1 individually the next day and provided an update. An 3/10/2016 email was received from Physician #1 evidencing, "The administrator of the (facility) meets with me monthly and we discuss any and all issues pertaining to Quality Assurance. (Administration #1) has let me know that I do need to attend these meetings at least quarterly, and (Administration #1) is going to move the meeting to Wednesdays so that I am available to attend." (Administration #1 and Physician #1) "will continue to meet monthly to discuss QA (Quality Assurance)."	F 520	• *The Administrator will review the recorded signature page of each Quarterly Quality Assurance Committee minutes each quarter to ensure the proper committee members have been in attendance.*	3/10/16